

35.C14241



PATENT APPLICATION

#7/Pre
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Leurs
10/5/00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Not Assigned
NOBUHIRO ITO)	
	:	Group Art Unit: Not Assigned
Application No.: 09/505,627)	
	:	
Filed: February 16, 2000)	
	:	
For: MANUFACTURING METHOD OF)	July 7, 2000
ELECTRON BEAM APPARATUS AND	:	
SPACER, AND ELECTRON BEAM)	
APPARATUS	:	

Commissioner for Patents
Box Missing Parts
Washington, D.C. 20231

PRELIMINARY AMENDMENT

Sir:

Prior to examination on the merits, please amend the above-identified application as follows.

BEST AVAILABLE COPY

Sector #



In re Application of:

NOBUHIRO ITO

Appln. No.: 09/505,627

Filed: February 16, 2000

For: MANUFACTURING METHOD OF
ELECTRON BEAM APPARATUS AND
SPACER, AND ELECTRON
BEAM APPARATUS

Docket No. 35.C14241

Examiner: Not Assigned

Group Art Unit: Not Assigned

Date: July 7, 2000

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	56	MINUS	56	= 0	x \$ 9 \$18	\$ 0.00
INDEP. CLAIMS	6	MINUS	6	= 0	x \$39 \$78	\$ 0.00
Fee for Multiple Dependent claims \$130°/\$260						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

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☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

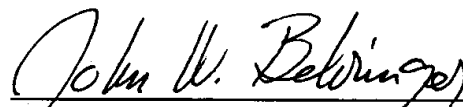
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the Extension fee for response within _____ months is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 23,086

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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